

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER [REDACTED]		DEPARTMENT	
POSITION President		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	San Francisco,	CA	94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., LT, N/G, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
11	9:00 24:00	San Francisco									28	14.23		14.23
12	1:00 24:00	Shanghai, China	79.45			305.57								385.02
13		Shanghai, China	79.45											79.45
14		Shanghai, China	79.45											79.45
15		Shanghai/Guangzhou	179.39		4.58									183.97
16		Guangzhou	179.39		4.58									183.97
17		Beijing	281.13		141.34									422.47
18		Beijing	281.13			25.52								306.65
19		Beijing	281.13			138.12								419.25
20	10:10	Beijing/San Francisco		8.40				48.00	T		28	14.28		70.68
														0.00
														0.00
														0.00
(10) SUBTOTALS			1,440.52	8.40	150.50	469.21	0.00	48.00		0.00	56	28.51	0.00	2,145.14
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

2,145.14

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/11 to 3/20/11 - Travel to Shanghai, Guangzhou and Beijing for meetings with Scientists and representatives of MOST. (3/12 Dinner Expense for N Koch, A. Trounson and M Yaffe)

2010 00 P 11

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.51

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/14/11

PAYMENT

DATE

DATE

(17) E and TITLE (See Item 17 on reverse)